

Coatesville VA Medical Center

**APA-ACCREDITED
INTERNSHIP PROGRAM
IN PROFESSIONAL PSYCHOLOGY**



2015-2016

***Psychology Services 116B
Department of Veterans Affairs Medical Center
1400 Black Horse Hill Road
Coatesville, PA 19320-2096***

VA Stars and Stripes Healthcare Network
"Serving Those Who Served"

**INTERNSHIP TRAINING
IN
PROFESSIONAL PSYCHOLOGY**

**VA MEDICAL CENTER
COATESVILLE, PA 19320**

This brochure was prepared to provide you with information about opportunities for training here at the Coatesville VA Medical Center. We are proud of the quality and the breadth of our training program and constantly strive for improvement. Thus, while this brochure is the most current description of our program, changes may have occurred since its publication. We encourage you to contact us if you have specific questions about any aspect of our training program.

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APA-ACCREDITED PRE-DOCTORAL INTERNSHIP PROGRAM

PSYCHOLOGY SERVICE DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER COATESVILLE, PA 19320

THE SETTING

The Department of Veterans Affairs Medical Center is located one mile south of the U.S. Route 30 Bypass, near the town of Coatesville in Chester County, PA, approximately 40 miles west of Philadelphia.

The Medical Center, which first opened in November 1930, is one of the network of 152 hospitals operated by the Department of Veterans Affairs to provide health care to the veteran population, on both an inpatient and outpatient basis. The Medical Center has a total of 472 beds in service, including the Mental Health Patient Care Line and the Geriatrics and Extended Care Line. Mental Health consists of 35 Psychiatry beds, 78 Substance Abuse beds, 34 PTSD beds, and 80 Homeless Domiciliary beds for homeless veterans. The Geriatric and Extended Care Patient Care Line includes 6 Medicine beds and 164 Nursing Home Care Unit beds, of which 12 are for hospice care.

The Psychology Service of the Medical Center offers APA* Accredited Pre-Doctoral Internships for counseling and clinical psychology students from doctoral training programs accredited by the American Psychological Association.

We currently offer two tracks:

- General Psychology (3 positions), providing the greatest flexibility in training; and
- Neuropsychology (2 positions), offering specialized training focused in Neuropsychology, balanced with a broader background.

See page 16 for APPIC Program Codes. Specify the track for which you are applying in your cover letter.

In addition, the Psychology Service provides summer traineeship positions, and sponsors practicum training for graduate students in psychology during the academic year as funds and resources permit. Besides the training conducted by the Psychology Service, the Medical Center offers training programs for Psychiatry and Podiatry residents, social workers, nurses, and a variety of other mental health-related professions.

The patient population at the Medical Center is predominantly male, although a number of female veterans are also served. Both service-connected and non-service-connected veterans are eligible for services at the Medical Center and its community-based outpatient clinics.

The patient population is diverse, encompassing veterans recently discharged from the service as well as those who served as early as World War II. Presenting problems and diagnoses vary greatly among the patients, and the duration of their hospitalization ranges from a few days to several months.

Additional information on our facility is available at: <http://www.coatesville.med.va.gov/>

**American Psychological Association, 750 First Street NE, Washington DC 20002-4242;
(202-336-5979)*

THE PSYCHOLOGY SECTION

The Psychology Section currently consists of 30 doctoral level psychologists. Psychology Services integrates clinical and counseling functions to permit psychologists to work with patients through all phases of therapy and counseling. Many psychologists work as members of Mental Health interdisciplinary teams, and some have responsibilities as Team Leaders, Program Managers or Program Coordinators.

THE PSYCHOLOGY INTERNSHIP PROGRAM

The Psychology Internship Program is an APA-Accredited program funded by the Office of Academic Affairs of the DVA Central Office as an annual training program. Currently, more than 300 stipends are awarded across the VA to students working toward their doctorate in either clinical or counseling psychology in doctoral programs accredited by the American Psychological Association. The stipend as of September 1, 2010, is \$25,576 for a 2080-hour (full-time) internship appointment. Our current allocation is for five (5) interns, three (3) in the General track, and two (2) in the Neuropsychology track.

The Coatesville VA Medical Center internship program's most recent completed site visit by the APA took place in October 2009, resulting in a seven-year Accredited status. The next reaccreditation site visit will take place in October 2016.

TRAINING PHILOSOPHY & GOALS

The internship program uses the **Practitioner–Scholar Model**, emphasizing the mutuality of science and practice and the practical application of scholarly knowledge. The model promotes the development of reflective skills and multiple ways of knowing and understanding in the practice of psychology, stressing clinical practice and the importance of theory and the use of research to inform practice. Students are trained to be psychologists who think critically and engage in disciplined inquiry focused on the individual. The primary goal of training a practitioner-scholar is the delivery of human services that take into account individual, cultural, and societal considerations, consistent with the principles of evidence-based psychological practices.¹

The staff psychologists typically involved in intern training represent various theoretical orientations, assuring exposure to diverse training experiences. Integral to the internship is the application of scholarly, clinical research to patient care, while under close supervision. Skill-building seminars, role-modeling, observation, professional education, and consultative guidance are used as supplementary learning methods. Diversity issues are considered in all settings throughout the internship.

The program takes a developmental view of training, transitioning interns from their graduate student status to that of independently functioning entry-level psychologists. Upon completion of the internship interns will have demonstrated technical competencies derived from supervised

¹ Adapted from: Rololfa, E., Kaslow, N., Stewart, A., Keilin, W., & Baker, J. (2005). Internship Training: Do Models Really Matter? *Professional Psychology: Research and Practice*, 36, 25-31.

experience in: application of human diversity and ethical concepts to practice; diagnostic interviewing; individual and group psychotherapy; psychological assessment; and specialized techniques such as biofeedback, EMDR, hypnosis, or neuropsychological or geropsychological assessment, depending on the interests of the intern. The interns will have extensive exposure to the operation of a large inpatient psychiatric setting and to the psychologists' many roles as administrators, clinicians, teachers, researchers, and consultants. Interns will also have direct experience with the multidisciplinary team approach to the treatment of mental health problems, common to many treatment facilities.

Under the Practitioner – Scholar Model of developing professional skills through supervised practice informed by clinically-relevant science, the internship's goals and objectives for interns during the training year are:

INTERNSHIP GOALS AND COMPETENCIES

Goal 1. Prepare competent professional psychologists using a Practitioner-Scholar Model.

- a. Demonstrate Assessment and Diagnostic Competency
- b. Demonstrate Intervention Competency
- c. Demonstrate Professional Conduct and Ethical Behavior Competency
- d. Demonstrate Competency in Diversity Issues
- e. Demonstrate Competency in Consultation and Evaluation
- f. Demonstrate Competency as Consumers of Practice-Oriented Research
- g. Demonstrate Competency as Treatment Team Participants
- h. Demonstrate Competency in Professional Documentation

Goal 2. Prepare interns for Licensure and Entry-Level Practice in Professional Psychology.

- a. Complete requirements for licensure and practice
 - Successfully complete 2080 hours of APA-Accredited internship training
 - Successfully complete at least 520 hours (25%) of direct patient contact
 - Successfully complete at least 200 hours of supervision (100 individual/100 group)
 - Successfully complete at least 100 hours of didactic training

The underlying philosophy, goals, and objectives profoundly affect the interaction between staff and interns. Interns are trained and encouraged to move toward autonomous functioning as professional psychologists in a Practitioner-Scholar model. The training program emphasizes the active involvement of the intern in choosing training assignments, participating in training seminars and workshops, and in providing input into the internship program. Interns are provided ongoing evaluation and feedback to assist them with self-monitoring their progress toward autonomy.

COMPETENCY-BASED MODEL

The training program is a sequential competency-based model leading to the development of Practitioner-Scholar psychologists. Competency evaluation begins with orientation and ends with year-end evaluations, with further evaluations at the beginning, midpoint, and end of each rotation.

Specific criteria for demonstrating competencies are provided in the training manual that each intern receives during orientation week, and supplementary training materials on each of the rotations. Criteria include demonstration of competencies in assessment and diagnosis, intervention, consultation and evaluation, professional and ethical behavior, diversity issues, and use of practice-oriented research. Demonstrated competency in these areas is required for successful completion of the internship.

Competency evaluation begins with orientation on each rotation, during which each intern must demonstrate criteria-based competency in administration and scoring of selected psychological instruments as well as psychological report writing. Additionally, interns are provided the opportunity to demonstrate basic therapy knowledge and skills of therapeutic interventions. Seminars, supervision, and skills training are provided to work on and correct any entry-level deficits.

COMPETENCY DEVELOPMENT

Specific competencies developed during the internship include the following, related to Goal 1 (above):

a. Assessment and Diagnostics: The internship expects interns to have basic competency in testing *prior* to their start date. During the internship year, interns must demonstrate competency in the several types of psychological assessments pertaining to given rotations. Though varying from one rotation to another, these include behavioral assessments, mental status examinations, intelligence testing, neuropsychological testing, personality testing using objective instruments, and geropsychological assessment. Interns must also become proficient in clinical interviewing, test administration and scoring, interpretation of testing data, report writing, providing feedback to both patients and multi-disciplinary treatment team members, reading and integrating professional research findings into the assessment process, and responding appropriately to referral questions.

At a minimum, interns complete 6 (six) integrated batteries distributed as follows:

- Three personality battery reports that demonstrate competency in integrating objective personality measures, including reports that meet the 4.0 evaluation criterion (reports *may* also include projective measures). The standard for completing a test report is 30 calendar days after the test administration has been finished. Ordinarily, this portion of the assessment goal is met during the Intern's required half-time Psychology Assessment rotation.
- Three integrated battery reports specific to the rotation (Neuropsychology, Biofeedback, etc.) drawn from multiple testing or other sources.

Note that interns who do not meet the required level of proficiency within the six-battery minimum, including completion within the 30-day window, will be asked to complete additional reports in order to reach criterion. *Failing exceptional circumstances, all required reports must*

be completed and signed by the supervisor no later than two weeks prior to the end of the rotation.

b. Interventions: Interns must demonstrate competency in the types of psychological interventions required for a given rotation. Examples of these may include: individual psychotherapy, group psychotherapy, psychoeducational classes, and specialized and empirically-supported techniques. Use of these interventions involves a number of related processes, and in each rotation the intern is expected to become competent in the following: conceptualizing the presenting problem, reviewing and applying research findings related to various interventions or approaches pertinent to the client or rotation, articulating and implementing a theoretical approach, creating and/or contributing to individualized treatment planning, ongoing assessment of patient progress, termination, and referral.

c. Ethical and Professional Issues: Interns are expected to develop competency in ethical and professional issues, appropriately applied as an aspect of clinical service delivery. This area of competency includes knowledge and observance of the *APA Ethical Principles of Psychologists and Code of Conduct*, demonstration of professional conduct consistent with the practice of psychology, recognition of the need to seek supervision and/or consultation, knowledge of one's own personal and professional strengths and limitations, utilization of supervision in a productive manner, appreciation and appropriate use of power inherent in one's position relative to others, and time management. Although interns from APA-accredited programs have had a course in the ethics of psychology, the internship presents an opportunity to learn in greater depth how this knowledge is applied in the clinical setting. Ethics issues are discussed in clinical supervision with respect to each of the rotations and are the subject of the third rotation seminar. By that time, the intern has typically developed more sophisticated practical skill in interpreting and applying ethical principles.

d. Diversity Issues: The intern must also demonstrate competency in providing clinical services to individuals of diverse backgrounds. Diversity is conceptualized along a number of dimensions, including age, gender, sexual orientation, culture, race, ethnicity, disability status, socioeconomic status, psychiatric diagnosis, educational level, and intellectual functioning. As a referral center for several specialty programs, this internship is uniquely positioned to provide supervised training with an elderly rural/exurban population; a homeless, urban population with a large proportion of Americans of African descent; and combat veteran populations from the Vietnam War and Global War on Terror. Competency in diversity is demonstrated through awareness of one's own culture, knowledge and integration of the scientific research on nuances of clinical presentation, assessment, and intervention for clients of diverse backgrounds. The intern is expected to demonstrate self-awareness, sensitivity to issues of status or power, use of language, and metacommunication, and to identify those situations in which ethics, consultation or supervision, and personal or professional limitations may play a part.

e. Consultation and Evaluation: The intern must demonstrate competency in consultation and program evaluation, through critical thinking about, and collaboration with supervisors in developing new programs or portions of existing treatment programs, with an assigned program development task as a part of the duties on the clinical rotation. Competency in program consultation may also be demonstrated through staff education (e.g., Grand Rounds, Lunch and

Learn, or team in-service presentations) on topics related to mental health diagnoses and treatment. Interns must also demonstrate competency in consultation with respect to patient care, providing both written and oral information to other clinicians, to family members, and, on occasion, to treatment providers or service agencies outside the medical center. Finally, in the Peer Consultation activities, interns work with supervisory psychologists to enhance the skills needed for clinical consultation using various models.

f. Use of Practice-Oriented Research: Interns must demonstrate competency in informing their clinical practice through use of practice-oriented scientific and scholarly research. Opportunities for demonstrating this competency exist not only in assessment and treatment settings, but also in clinical supervision and in supervisory seminars and program evaluation. Interns are expected to research clinically relevant issues, gain insight into possible uses for the research-derived data, and appropriately apply this information to their casework and seminar participation during the internship.

g. Treatment Team Participation: Interns must demonstrate competency in communicating and collaborating with staff of other disciplines in the Treatment Team setting. Opportunities for demonstrating these skills include treatment planning, problem solving, demonstrating respectful behavior, eliciting opinions from others, resolving differences, and developing professional working relationships.

h. Professional Documentation: Interns must demonstrate competency in their documentation of clinical interactions, treatment plans, and test reports. Documentation must be clear, concise, complete, professional, and timely, as well as responsive to supervisory input. Test reports must demonstrate organization and the ability to integrate results of several instruments, while responding to the referral question and making appropriate recommendations.

STRUCTURE OF THE INTERNSHIP TRAINING EXPERIENCE

The Internship program consists of three, four-month trimesters or rotations, at least one of which will provide core training experiences in the Intern's area of concentration. Note, however, that no intern may spend more than 1.5 rotations in a single specialty area. A number of the optional rotations are half time, allowing the intern to gain experience in two or more optional areas.

Interns matched to the Neuropsychology track receive concentrated training in that area. They are required to complete one full rotation in neuropsychological testing, one half-time rotation in cognitive rehabilitation and one half-time rotation in psychological assessment. However, the remaining training experiences may be selected from a wide variety of mental health, geriatric, domiciliary, and primary care settings.

Interns matched to the General Psychology track have considerable flexibility in tailoring the training to their interests. All are required to complete one half-time rotation in psychological assessment, and one residential or inpatient rotation or half-time rotation. However, the remaining training experiences may be selected from a wide variety of mental health, geriatric, domiciliary, neuropsychology, and primary care settings.

All Interns are required to carry an average of two mental health clinic outpatients throughout the year, regardless of their primary rotation(s).

The tables below include training experiences available at this time. As in any complex organization, however, changes may occur due to resource allocation or agency needs.

NEUROPSYCHOLOGY TRACK ROTATIONS:

<u>Required Rotations</u>	<u>Full-Time Electives</u>	<u>Half-Time Electives</u>
Neuropsychology I	Homeless Domiciliary Care	Biofeedback Clinic
Outpatient Psychology (Two clients), with option to treat Military Sexual Trauma		Outpatient PTSD Clinic, with option to treat Military Sexual Trauma
Psychological Assessment (half-time)	Primary Care Psychology	Primary Care Psychology
Neuropsychology II (Half-Time)	Substance Dependence / Dual Diagnosis	LGBT Micro-Experience <i>(Less than Half-Time)</i>
	Severe Mental Illness / Psychosocial Rehabilitation	
	Geropsychology	
	Posttraumatic Stress Disorder Unit	

GENERAL TRACK ROTATIONS:

<u>Required Rotations</u>	<u>Full-Time Electives</u>	<u>Half-Time Electives</u>
One Residential or Inpatient Rotation: -Severe Mental Illness/PSR; -Geropsychology; -Substance Dependence; -Homeless Domiciliary; <i>or</i> -Posttraumatic Stress;	Homeless Domiciliary Care	Biofeedback Clinic
Outpatient Psychology (Two clients), with option to treat Military Sexual Trauma	Neuropsychology I	Outpatient PTSD Clinic, with option to treat Military Sexual Trauma
Psychological Assessment (half-time)	Primary Care Psychology	LGBT Micro-Experience (<i>Less than Half-Time</i>)
	Substance Dependence / Dual Diagnosis	
	Severe Mental Illness / Psychosocial Rehabilitation	
	Geropsychology	
	Posttraumatic Stress Disorder Unit	

DESCRIPTION OF ROTATIONS

Outpatient Psychology – Required for All Interns

All interns will be assigned a small caseload of outpatients (usually two clients) for longer-term psychotherapy in the Outpatient Mental Health Clinic. These clients may be followed for the duration of the internship. These outpatients are in addition to the casework on focal-area rotations.

Psychological Assessment – Required for All Interns

The Psychological Assessment rotation is a required half-time rotation that can be combined with any of the other available half-time rotations, as scheduling permits (e.g., Neuropsychology, Biofeedback, or Outpatient). This rotation is designed to increase and deepen Interns' skills in assessing personality functioning and developing mental health diagnoses through psychological evaluation. Interns must complete a minimum of three psychological batteries and integrated reports to demonstrate the required psychological assessment proficiencies for the Internship year.

Use of the Rorschach Inkblot Test is ***not required***, and is available only on a limited basis for Interns in this rotation. This option is open only to those who have intermediate to advanced skill in the use of this test prior to the start of training, and may be dependent on availability of supervisory resources.

ELECTIVES

Severe Mental Illness/Psychosocial Rehabilitation

On the SMI/PSR rotation, the intern becomes involved in a wide variety of experiences with a diverse inpatient psychiatric population. The rotation includes experience with veterans at various levels of recovery by incorporating training on a community living center for veterans with Serious Mental Illness (59B) and, when possible, on the acute inpatient psychiatry unit (59A). The rotation emphasizes a psychosocial rehabilitation model based on recovery-oriented principles and practices. The intern may provide brief psychotherapy, individual and group therapy (including evidence-based practices for SMI), and psychological assessment/screening. In addition to an introduction to psychosocial rehabilitation theory and practice, the intern will have opportunities to participate in multidisciplinary treatment teams and clinical rounds. Finally, the intern will be expected to complete a rotation project of their own design to further PSR program development objectives.

Biofeedback Clinic

The Biofeedback Clinic is under the direction of a psychologist. In this half-time rotation the intern learns how to: a) conduct biofeedback intakes, assessments, and biofeedback training/therapy; b) run several stress management groups demonstrating different stress

management techniques to patients; c) do hypnotic assessments and self-hypnosis training with selected patients; and d) integrate the above into one's own style of doing therapy. The biofeedback training experience consists of learning how to operate electromyographic (EMG), skin temperature, skin conductance, and heart rate variability (HRV) biofeedback instrumentation. Observation and then actual experience in doing initial assessment interviews, psychophysiological assessments, and individual biofeedback training/therapy is taught, along with the theory underlying the use of biofeedback instrumentation and how to integrate biofeedback into one's own therapeutic style. For the stress management groups, the intern first observes the stress management group approaches, and then learns to run the group on his or her own. For the hypnosis training, time permitting, the intern learns how to do the group hypnotic assessments, observes clinic staff doing hypnosis training, and then works with patients on their own, teaching the patient how to use self-hypnosis to reduce and control their symptoms. A model for understanding hypnosis, hypnotic assessment, and integrating self-hypnosis training into psychotherapy is also taught. Training in the Biofeedback clinic is conducted by all clinic staff; supervision is provided by the staff psychologist.

Geropsychology

The Geropsychology I rotation is a full-time rotation. Interns are assigned to the Community Living Center, which comprises long-term residents as well as individuals receiving rehabilitation services with the goal of returning to the community. Interns will gain an understanding of the psychological issues common to this group and learn assessment and treatment strategies that specifically address the needs of the geriatric population. A biopsychosocial approach to treatment is emphasized, wherein the interrelationships between physical and emotional problems are acknowledged and an interdisciplinary team is utilized to provide a more holistic and individualized plan of care. Interns will perform assessments, provide individual psychotherapy, develop behavior management plans, and participate in interdisciplinary treatment team meetings for individuals with a wide range of medical and psychological problems. There is also the opportunity to provide services on the inpatient hospice unit. *(Please note that this rotation may not be available at all times.)*

Neuropsychology I – Required for All Neuropsychology Track Interns

The Neuropsychology I rotation is a full-time clinical experience designed to familiarize the intern with the administration, scoring, and interpretation of neuropsychological test batteries. The intern will have an opportunity to assess patients with a wide range of cognitive deficits that include traumatic brain injury, attention disorders, progressive neurological disease, and substance-induced cognitive disorders.

During the rotation, the intern is expected to develop proficiency in the following areas: the administering and scoring of a diverse set of neuropsychological tests; clinical interviewing within the context of a neuropsychological evaluation; neuropsychological test interpretation; neuropsychological report writing; the provision of feedback of neuropsychological results; and time management. Furthermore, interns are expected to participate in a weekly Neuropsychology

Seminar that addresses contemporary issues in Neuropsychology. Interns will also be expected to participate in periodic trainings and activities within the Golden Brain Bank at Coatesville VAMC.

While not inclusive, a representative sample of tests frequently administered:

- Boston Naming Test
- California Verbal Learning Test - II
- Conners Continuous Performance Test – II
- Controlled Oral Word Association Test
- Nonverbal Medical Symptom Validity Test
- Personality Assessment Inventory
- Repeatable Battery for the Assessment of Neuropsychological Status
- Rey Auditory Verbal Learning Test
- Rey-Osterrieth Complex Figure Test
- Test of Memory Malinger
- Trail Making Test A & B
- Wechsler Abbreviated Scale of Intelligence-II
- Wechsler Adult Intelligence Scale – IV
- Wechsler Memory Scale – IV
- Wide Range Achievement Test- 4
- Wisconsin Card Sorting Test
- Word Memory Test

Neuropsychology II (half-time) – Required for All Neuropsychology Track Interns

During this rotation, the intern will be expected to display a more proficient ability to complete the requirements of the Neuropsychology I rotation.

Additionally, interns will be expected to carry 2-3 individual neurocognitive-rehabilitation therapy (CogRehab) cases. Emphasis will be placed on the development of appropriate compensatory strategies to address areas of cognitive weakness. Interns who have been selected to CVAMC through the General track (152911) are not eligible for this rotation.

Substance Abuse Treatment Unit / Substance Use Disorder Outpatient Program

The Substance Abuse Treatment Unit (SATU) Domiciliary provides group and individual treatment in a residential setting, as well as similar SUD Outpatient treatment, for substance-abusing veterans with co-occurring psychiatric disorders. (There is also a minority of Substance Use Disorder-only veterans.) The intern's experience on this rotation involves assessment and diagnosis, individual therapy, group therapy, psychoeducational seminars for patients, and aftercare planning, for both residential and outpatient SUD clients. The diagnostic range includes stabilized patients with psychotic disorders, affective and anxiety disorders, Posttraumatic Stress Disorder, organic dysfunction, and personality disorders. This rotation involves an opportunity to work closely with two experienced, multidisciplinary teams, in both residential and outpatient settings.

Primary Care Psychology

The Primary Care Psychology rotation is a fulltime rotation in an outpatient medical clinic. The intern's experience on this rotation will involve functional assessments, psychoeducation, individualized treatment, structured group interventions, triage, and treatment planning. The intern will gain an understanding of behavioral and self-management interventions for treating chronic medical problems (i.e., chronic pain and metabolic disorders). The intern will also receive the opportunity to develop skills in providing brief, focused interventions for individuals with mild psychiatric disorders. A key component of this rotation is working closely with and providing consultation to an interdisciplinary treatment team of Primary Care professionals. There may also be opportunities to participate in emerging areas of practice, such as Home-Based Primary Care.

Posttraumatic Stress Disorder Program (PTSD)

This inpatient rotation offers training in intensive individual and group psychotherapy, as well as structured and psychoeducational groups. Interns provide individual psychotherapy, and participate in facilitation and co-facilitation of trauma-focused psychotherapy groups that include process-oriented and CPT group format. Trauma work includes issues such as guilt, loss, anger, and relationship concerns. Evidence-based PTSD treatment including Cognitive Processing Therapy, Trauma-Focused Cognitive Behavioral Therapy, Prolonged Exposure, Eye Movement Desensitization and Reprocessing, Cognitive-Behavioral Therapy for Insomnia (CBT-I) and Seeking Safety for PTSD and Substance Use Disorders are included as part of veterans' treatment in the program. Information and experience with CPT, PE, Trauma Focused CBT, EMDR, CBT-I, and Seeking Safety is offered to interns as a part of this rotation and varies depending on supervisor. The program includes psychoeducational classes on many topics related to PTSD and war trauma. The veterans are men and women of all wars and eras, including Vietnam, Grenada, Lebanon, Panama, Persian Gulf, Somalia, Bosnia, Iraq, and Afghanistan. The therapeutic work environment is often intense, but rewarding.

Outpatient Mental Health Clinic and Outpatient PTSD Clinical Team (PCT) Clinic

In this half-time rotation, the intern has the option of treating veterans who present with a variety of mental health problems, or concentrating more specifically on those who have PTSD from

combat or other traumata. The clients in both clinics experience a range of severity of distress, as well as variations in stressors, both chronic and acute. In addition to PTSD, diagnoses in these clinics include Major Depressive Disorder, Bipolar Disorder, Schizophrenia, and Anxiety Disorders. Treatment modalities include individual psychotherapy, group psychotherapy, and family therapy. Interns may request to continue working with up to two of their Outpatient/PCT clients following the completion of the rotation, in order to gain experience in longer-term psychotherapy.

Interns who choose to work with the PTSD Clinical Team may also request the Military Sexual Trauma Mini-Rotation (see below).

Military Sexual Trauma (MST) Mini-Rotation

In this partial rotation, the intern has the option of treating veterans who experienced sexual trauma while performing military service. The MST mini-rotation can be either a part of the intern's required two outpatient cases; or, in the case of those interns who choose to rotate through the outpatient PTSD Clinic, a more intensive experience working with several MST clients will be available. Supervision for these clients is provided by psychologists who specialize in treating this type of trauma.

8A Homeless Domiciliary Unit

The Homeless Domiciliary Program is dedicated to helping homeless veterans develop healthy lifestyles through prevention, stabilization and aftercare. Through our clinical work, we help each veteran address specific causes of his/her homelessness and give the tools needed to re-integrate into the community. The intern's experience on this unit involves assessment and diagnosis, individual therapy, group therapy, psychoeducational workshops, program development, and participation in creating individualized comprehensive treatment plans. Opportunities for completing psychological assessment batteries are also available. The diagnostic range includes stabilized patients with psychotic disorders, affective and anxiety disorders, Posttraumatic Stress Disorder, organic dysfunction, and personality disorders. Offered on a full-time basis only, this rotation involves an opportunity to work closely with an experienced, multidisciplinary team. *(This rotation is not available at all times.)*

LGBT Support Group and LGBT Special Emphasis Committee

This micro-experience emphasizing LGBT issues can be included in any of the outpatient rotations. The LGBT Support Group is a weekly hospital-wide group to provide a safe space for sexual minorities and gender-non-conforming veterans. The Intern serves as a co-facilitator for the group. The Intern also participates in the hospital-wide LGBT Special Emphasis Committee established to promote culture change within the VA workforce toward acceptance and inclusion of employees who identify as sexual minorities. Activities of the Committee include workforce education on LGBT issues, workforce surveys, interface with the Continuing Education Committee on clinical education/training, and planning and developing activities for culture change. On an exceptional basis, there may be opportunities to assess transgender veterans for hormone therapy. *Limit: One Intern per rotation.*

SUPERVISION

A minimum of two hours' individual supervision is provided each week on each full-time rotation (one hour each week for each half-time rotation). In addition, a minimum of two hours' group supervision is provided each week in the supervisory seminars, described more fully below. Interns may also receive additional supervision on an as-needed basis. Supervision is provided by the supervisory psychologist on the rotation in question, with back-up provided by arrangement with another supervisory psychologist. The training staff is generally flexible with regard to the theoretical orientation of the intern.

SEMINARS

Besides the clinical placements and individual supervision, further training is provided in core areas through a series of three ongoing supervisory seminars conducted throughout the internship year by members of the Psychology Training staff. The seminars integrate clinical data, research findings, supervisory input, and group discussion. Seminars meet two hours weekly for four months each.

September – December	Psychological Assessment
January – April	Psychotherapeutic Interventions
May – August	Ethics, Diversity, and Professional Issues

DESCRIPTION OF SEMINARS

Psychological Assessment

Interns will gain experience in the assessment and evaluation of patients using interviewing techniques as well as formal psychological tests. Tests that are emphasized include the Wechsler Adult Intelligence Scale – 4th Edition (WAIS-IV), Minnesota Multiphasic Personality Inventory – 2nd Edition (MMPI-2), Personality Assessment Inventory (PAI), and the Millon Clinical Multiaxial Inventory – 3rd Edition (MCMI-III). Projective tests may also be included but are available only on a limited basis to interns who have intermediate to advanced skill in the use of such tests prior to the start of training. Seminar activities include: (1) discussions of relevant clinical topics (e.g., interviewing, specific assessment tools, report writing, the provision of feedback, data integration); (2) mock clinical interviewing; (3) reading and discussing select scientific articles; and (4) application of knowledge via clinical vignette exercises.

Psychotherapeutic Interventions

The Interventions Seminar provides interns with the opportunity to present and discuss their individual and group psychotherapy cases in depth. Each intern is responsible for presenting audio- or video-taped sessions at least twice over the course of the seminar: at least one

individual and, where feasible, one group therapy session. Interventions Seminar presentations are opportunities for feedback and suggestions from both the seminar co-leaders and the other interns. The seminar is also a forum for review of clinical principles and techniques that apply to the case under discussion, as well as research related to diversity issues and therapeutic practice. Interns develop skills needed for supervision, through modeling and practice as they review their own and others' work. Integration of theory, research, and clinical practice is encouraged, and psychological test data may be included when available. Case conceptualization is emphasized in this seminar, as is presentation of research articles related to aspects of the case under discussion.

Ethics, Diversity, and Professional Issues

This seminar is a synthesis of ethics, diversity, and professional issues. The seminar begins with a review of the APA ethics code and includes discussion on common ethical dilemmas faced by psychologists. Additionally, there is opportunity for interns to identify and discuss professional issues and ethical problems they are currently facing or have already faced in the work setting. The seminar consists primarily of presentations by psychology staff on a variety of issues, with discussion by all present. Presentation topics are broad and include but are not limited to diversity and cultural sensitivity as applicable to psychological intervention and assessment, substance abuse treatment, military sexual trauma, geropsychology, and biofeedback. Interns are assigned and responsible for finding and presenting ethics-related research articles each week.

PEER CONSULTATION (SUPERVISION SKILLS)

The internship program also includes the opportunity to gain experience in skills needed for doing clinical supervision, using a Peer Consultation model. Each intern experiences the roles of both the peer consultee and the peer consultant during the program. The interns' development as clinical consultants will be guided by staff psychologists, during peer consultation groups. Appropriate readings and group discussions on theoretical and process issues also aid in the interns' development as clinical consultants. Further opportunities to develop consultation skills occur in a group format during the Interventions and the Professional Issues & Ethics seminars.

INTERNS' EVALUATION OF TRAINING PROGRAM

During the internship, Interns evaluate aspects of the training program in various ways. Each rotation represents an opportunity to evaluate both that portion of the internship and the supervisor on specific dimensions, and to write a critique of the rotation as training experience. In the final weeks of the internship, the interns are also given a group task of writing a free-text document incorporating their collective evaluation and recommendations for the internship program as a whole. In addition, the intern class may also participate in a Training Retreat with the training psychologists, reflecting on selected aspects of the program and its processes, and making suggestions for improvements.

ADDITIONAL ACTIVITIES

Interns share in the activities of staff psychologists, including psychology-sponsored in-service training programs for nurses and other professional personnel throughout the Medical Center. These programs provide an opportunity for interns to interact with the personnel of the Medical Center. Interns may serve as moderators or resources to aid staff in understanding patients' individual and group behavior or in developing skills so that staff can function better in their assigned responsibilities.

Interns may attend any seminar, lecture, and training activity at the Medical Center as long as these activities do not interfere with the core internship training activities. CVAMC Psychology Service is an APA-accredited sponsor of Continuing Education and conducts a number of training activities throughout the year, including the Annual Psychology Conference. In addition, psychology interns are permitted up to five days to attend approved educational conferences off-station.

The Psychology Service encourages both staff members and interns to conduct meaningful research projects. Interns are given the opportunity to spend up to four hours per week on research that is dissertation related. These research hours must be taken at a time that does not interfere with their clinical duties and cannot be carried over or accumulated. While it is generally expected that research time will be spent using the medical library, computers and/or psychology research consultants on station, if this is not feasible, interns will be permitted off-station time with the concurrence of their supervisor and the Director of Training. In addition, interns are allowed a full day to defend their dissertation if this is scheduled within the internship year.

The following are training benefits particularly stressed by the Psychology Service at this Medical Center:

1. An individual supervisory relationship between interns and designated psychologists, as well as the ongoing structured seminars to provide continuity of training;
2. A training staff of 20 doctoral-level supervisory psychologists of diverse theoretical orientations, research interests and professional experiences;
3. Core mental health programs and numerous specialized programs;
4. Opportunities to work with diverse populations;
5. A focus on providing training to interns rather than receiving services from them.

OPTIONAL PROGRAM ACTIVITIES

Mentoring

Interns also have the opportunity to work with a staff psychologist Mentor during their internship at Coatesville. This is an optional, minimally structured professional relationship that offers the opportunity for sharing professional interests beyond the focus of a specific rotation or work unit. Mentoring may assist interns in focusing goals for future work, choosing career paths, or simply enrich the internship. Interns and mentors interested in this aspect of training will be provided a forum for discussion prior to assignment of mentors and mentees.

INTERN EMPLOYMENT STATUS

Interns are Term Employees of the Federal government, and in most respects work under the same personnel regulations as any other Federal employee. Applicants for the internship must be citizens of the United States of America. As a Federal employee, an intern must be willing to submit to a pre-employment background clearance and can be asked to provide a drug screen. Processing as an employee requires fingerprinting and taking an oath to the United States Government.

Leave and paid time off consists of 10 Federal holidays, 13 days of annual (vacation) leave, and 13 days of sick leave. Authorized absence may be requested for reasonable educational purposes and is granted at the discretion of the Director of Psychology Internship Training in consultation with the rotation supervisor.

Interns, as supervised personnel, must sign all documents with the title "Psychology Intern." All professional reports and medical chart entries require co-signature by a member of the psychology training staff. The intern will not use the title of "Dr." in reference to his/her position.

Like other Psychology staff, interns in most cases have their own offices, although these may be shared or time-shared with other interns. Training resources include video, audio and reproduction equipment, an excellent library with a wealth of mental health related books, computer literature searches, periodicals and audio/video holdings, and Educational Center facilities for meeting, seminars, and training.

Interns are strongly encouraged to complete their dissertations so they may be job-ready and begin documenting hours for licensure immediately following completion of the internship and graduation.

APPLICATION REQUIREMENTS

Our internship currently offers tracks in General Psychology, and Neuropsychology. Our APPIC Program Code Numbers are:

General Internship (3 positions): **152911**

Neuropsychology Internship (2 positions): **152912**

The training program considers only U.S. citizens working toward their doctorate degree in Clinical or Counseling Psychology from an APA-accredited program. To apply, please submit the following by November 1:

- A cover letter indicating the track for which you are applying
- A detailed curriculum vitae or résumé
- Three letters of recommendation,
- Official transcripts of all graduate work, and
- A completed online APPIC Application for Psychology Internship (AAPI)
 - <http://www.appic.org>
- Scan into Applicant Portal: A sample psychological test battery report (objective instruments required, projective instruments optional), with identifying information removed
- Scan into Applicant Portal: If you are applying for the Neuropsychology track, a sample neuropsychological test battery report, with identifying information removed. One sample report comprising both personality and neuropsychological measures will suffice, rather than two separate reports.
- *To be completed after acceptance:*
 - *Appointment Affidavit (Standard Form 61)*
http://www.opm.gov/forms/pdf_fill/SF61.pdf
 - *Questionnaire for Non-Sensitive Positions (Standard Form 85)*
http://www.opm.gov/forms/pdf_fill/SF85.pdf

The Standard Forms and Optional Forms listed above are available for review on the Office of Personnel Management website: www.opm.gov/forms

Applicants selected for an interview will be notified in December. Criteria used to select intern applicants include experience as reflected in the résumé and graduate transcripts, letters of recommendation, and later, the interview.

The Psychology Internship Training Program abides by APA, APPIC, and National Matching Service (NMS) guidelines in the selection of interns. In compliance with all APPIC (Association of Psychology postdoctoral and Internship Centers) guidelines, interns are notified about acceptance on the third Friday in February. No person at this facility will solicit, accept, or use any ranking-related information from any intern. APPIC provides copies of their policies and procedures and the National Matching Service policies on their website: www.appic.org. The website also provides information on filing grievances with the APPIC Standard and Review Committee should applicants perceive that policies have been violated.

Coatesville VA Medical Center is an Equal Opportunity Employer, and applicants are considered without regard to gender, age, race, color, national origin, sexual orientation, marital status, political or religious beliefs, or physical handicap.

For further information call or write:

Edward T. Moon, PsyD
Director, Psychology Internship Training Program
Psychology Services (116B)
VA Medical Center
Coatesville, PA 19320

Telephone: (610) 383-0238
FAX (610) 380-4353
E-Mail: edward.moon@va.gov

DOCTORAL PSYCHOLOGY STAFF

NAME	ASSIGNMENTS	APPLIED INTEREST/RESEARCH
*Frank Angelini, PhD University of Pittsburgh, 1998	Psychologist, Substance Abuse Treatment Unit	Substance Abuse, Motivational Interviewing, Constructivism
Trisha Barclay, PhD Loma Linda University, 2007	Psychologist, PTSD Outpatient Clinic	PTSD, Trauma, Terminal Illness, Grief
Katäri Brown, PhD ** Michigan State University School of Psychology, 2000	Women's Program Military Sexual Trauma	Women's Issues, Trauma, Substance Abuse
*Boyd, Debra, PhD **Lehigh University, 2011	PTSD Residential Unit	PTSD, Health Psychology
Stephen Cavicchia, PsyD ** Biola University, Rosemead School of Psychology, 1983	Chief Psychologist Chief, Domiciliary Care	PTSD/Family Issues, Research into Schizophrenia, Hospital Administration
Steven Chambers, PsyD Biola University, Rosemead School of Psychology, 1987	Team Leader, Unit 7B, Homeless Domiciliary	Marital/Family Therapy, Group Therapy, Substance Abuse, Ethics
*Justin Charles, PsyD **Wheaton College, 2012	Psychologist Home Based Primary Care	Geropsychology, Interdisciplinary Teams, Bereavement
Sandra Chierici, PhD **Temple University, 1988	Psychologist Mental Health Clinic	PTSD, Hypnosis, Substance Use Disorders
* Donald Dow, PhD ** Temple University, 2001	Lead Neuropsychologist, Neuropsychology	Neuropsychology, Cognitive Rehabilitation
* Danielle Farabaugh, PsyD ** LaSalle University, 2007	Psychologist PTSD Inpatient Unit	PTSD, Cognitive-Behavioral Therapy
Kelly Gerhardstein, PsyD Indiana State University, 2010	Psychologist, HBPC and Primary Care	Behavioral Health; Sexuality; Interdisciplinary Teams
*Benjamin Gliko, PsyD, ABPP-CN **Nova Southeastern University, 2004	Neuropsychology	Adult Neuropsychology; Dementia; Mild traumatic brain injury
*Bernadette Hayburn, PsyD LaSalle University, 2005	Psychologist, Primary Care/Mental Health Integration	Weight Management Severe Mental Illness Psychological Assessment

Walter Heizenroth, PhD ** Virginia Commonwealth University, 1984	Psychologist MH Clinic; Spring City & Springfield CBOCs	Cognitive-Behavioral Therapy
*Laura Hertz, PhD **Temple University, 2007	Psychologist PTSD Clinical Team Outpatient Substance Abuse	PTSD, Substance Abuse, Holocaust Survivors Vicarious Traumatization
Ira T. Kedson, PsyD Widener University, 1994	Psychologist Compensation and Pension Examination	Substance Abuse Treatment, Psychological Assessment
*Andrew Kerr, PsyD Baylor University, 1995	Psychologist Mental Health Clinic	Psychological theory, Developmental psychology, Psychotherapy, Traumatic stress
* Angela McCarroll, PsyD Regent University, 2002	Assistant Chief, Domiciliary	Psychological Assessment, Homelessness
*Jenna Mercadante, PsyD, **Wright State University, 2012	Psychologist, Local Recovery Coordinator	Substance Abuse, Motivational Interviewing, Constructivism
* Edward T. Moon, PsyD, OPQ ** Illinois School of Professional Psychology, 1992	Director of Training & Team Leader, Outpatient Substance Use Disorders	Substance Abuse, Multicultural Issues, LGBTQ/Sexuality, Ethics, Language Acquisition
* Sandra Noce, PhD, ABPP Brigham Young University, 1968	Psychologist Mental Health Clinic	Family/Marital Therapy, Psychological Assessment
* Ronald Pekala, PhD Michigan State University, 1981	Director, Biofeedback Clinic	Biofeedback, Hypnosis, Phenomenology
*Christopher Ray, PsyD Hahnemann University, 1985	Psychologist, Substance Abuse Treatment Unit	Stress, Drug Addiction
* Holly Ruckdeschel, PhD ** University of Pennsylvania, 1993	Psychologist Community Living Center, Hospice and Palliative Care	Geropsychology, Interdisciplinary Teams, End of Life Issues, Culture Change in LTC
* Danielle Schade, PsyD, CPRP ** Georgia School of Prof. Psychology, 2004	Program Manager Mental Health Clinic Geropsychology CLC	Psychosocial Rehabilitation, Serious Mental Illness
*Andrew Shelley, PsyD; Wright State University, 2008	Psychologist/Team Leader, 7A Homeless Domiciliary	Substance Abuse, Cognitive-Behavioral Therapy, Biofeedback

* Kristine Sudol, PsyD **LaSalle University, 2006	Coordinator, PTSD Clinical Team; Walker House	PTSD, Military Sexual Trauma, Women Veterans
* David Tsai, PhD, ABPP-CN Biola University, Rosemead School of Psychology, 1997	Neuropsychologist	Neuropsychology General Psychological Testing Ethnic Minorities
Elizabeth Valentine, PhD **Georgia State University, 2008	Assistant Chief of Psychology, PTSD Clinical Team/Substance Abuse	PTSD, Substance Abuse, Gambling
*Kurrie Wells, PhD University of Miami, 2006	Mental Health Clinic	Clinical Health Psychology, Psychoneuroimmunology, Co-occurring Medical/Psychiatric Diagnoses
*Robert Whitney, PhD ** Virginia Commonwealth University, 1986	Program Coordinator, PTSD Inpatient Unit	PTSD, Psychotherapy, and Neuropsychology

* Denotes staff currently involved in formal intern training.

** Denotes staff who were formerly interns at Coatesville VAMC.

Recent Publications

- Carpenter, B., Ruckdeschel, H., Ruckdeschel, K., & Van Haitsma, K. (2004). R-E-M: Psychotherapy for treating depression in long-term residents with dementia. Philadelphia, PA.
- Donald M. Dow, PhD; Edward A. Maitz, PhD; Steven Mandel, MD; John E. Gordon, PhD; Joely Esposito, PsyD; David J. Massari, PhD. (2002). The contribution of neuropsychological assessment in the determination of impairment and disability for persons with mild traumatic brain injury. *Disability Medicine: The Official Periodical of the American Board of Independent Medical Examiners*, 2(1), 4-10.
- Feldman, M., Kumar, V. K., Angelini, F. J., Pekala, R. J., & Porter, J. (2007). Individual differences in substance preference and substance use. *Journal of Addictions and Offender Counseling*, 27 (2), 82-101.
- Gliko, B. T. (2005). Postpsychotic PTSD reactions: A literature review. *Journal of Trauma Practice*, 3, (2), 73-95.
- Liszczy, A. M., & Yarhouse, M. A. (2005). A survey on views of how to assist with coming out as gay, changing same-sex behavior or orientation, and navigating sexual identity confusion. *Ethics & Behavior*, 15(2), 159-179.
- Liszczy, A. M., & Yarhouse, M. A. (2005). Same-Sex Attraction: A Survey Regarding Client-Directed Treatment Goals. *Psychotherapy: Theory, Research, Practice, Training*, 42 (1), 111-115.
- Pekala, R. J. (2015). Hypnosis as a “state of consciousness”: How quantifying the mind can help us better understand hypnosis. *American Journal of Clinical Hypnosis*, 57(4), 402-424.
- Pekala, R. J. & Maurer, R. M. (2015). Imagery vividness before and during the PCI-HAP: A partial replication.. *International Journal of Clinical and Experimental Hypnosis*, 1-24
- Pekala, R. J. & Maurer, R. M. (2013). A cross-validation of two differing measures of hypnotic depth. *International Journal of Clinical and Experimental Hypnosis*, 61, 81-110.
- Pekala, R. J. (2011). Reply to Wagstaff: "Hypnosis and the relationship between trance, suggestion, expectancy, and depth: Some semantic and conceptual issues." *American Journal of Clinical Hypnosis*, 53, 207-227
- Pekala, R.J., Maurer, R., Kumar, V. K., Elliott-Carter, N., & Mullen, K. (2010). Trance State Effects and Imagery Vividness Before and During a Hypnotic Assessment: A Preliminary Study. *International Journal of Clinical and Experimental Hypnosis*, 58, 1-34.

Pekala, R. J. (2010). Reply to "Methodological and interpretative issues regarding the Phenomenology of Consciousness Inventory: Hypnotic Assessment Procedure: A comment on Pekala et al. (2010a, 2010b)." American Journal of Clinical Hypnosis, *53*, 115-128

Pekala, R. J., Kumar, V. K., Maurer, R., Elliott-Carter N., Moon, E, & Mullen, K. (2010). Suggestibility, Expectancy, Trance State Effects, and Hypnotic Depth: I. Implications for Understanding Hypnotism. American Journal of Clinical Hypnosis, *52*, 271-286.

Pekala, R. J., Kumar, V. K., Maurer, R., Elliott-Carter N., Moon, E, & Mullen, K. (2010). Suggestibility, Expectancy, Trance State Effects, and Hypnotic Depth: II. Assessment via the PCI-HAP. American Journal of Clinical Hypnosis, *52*, 287-314.

Phillips, L. & Schade, D. (2012). Implementing empowerment psychoeducation in a psychosocial rehabilitation setting. *The International Journal of Psychosocial Rehabilitation*, *16*, 112-119.

RECENT GRADUATES

2013-2014

Cayleigh Benny-Harper
Jason Kaplan
Michelle Morrone-Kubes
Jeffrey Przybysz
Julia Stone

Carlos Albizu University
Azusa Pacific University
Adler School of Professional Psychology
Immaculata University
Immaculata University

2012-2013

Robert Hindman
Ashley Curiel
Jessica (Norman) Temple
Stacey Polott
Alison Flipse-Vargas

The Catholic University
Pepperdine University
LaSalle University
Florida Institute of Technology
Pepperdine University

2011-2012

Carmen Breen-López
Jenna Mercadante
Brian Mizuki
Jason Schwenker
Katherine Vojtko

Virginia Consortium
Wright State University
Argosy University (Chicago Campus)
Spalding University
Immaculata University

2010-2011

Deborah Boyd
Justin Charles
Ryan Grant Jones
Kalika Kelkar
Jamie Via

Lehigh University
Wheaton College
Regent University
Virginia Consortium
Philadelphia College of Osteopathic Medicine

2009-2010

Sara Anderson
Aaron Brinen
Anthony De Marco
Karen Pollard
Beth Rhoads

Virginia Consortium
Philadelphia College of Osteopathic Medicine
Yeshiva University
University of LaVerne
Chestnut Hill College

2008-2009

Jennifer Brooks
Mary Ann Callen
Leah Cochrane
Cindy Keith
Danielle Mink

Howard University
Immaculata University
Antioch University
Immaculata University
Philadelphia College of Osteopathic Medicine